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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application Of:

Joseph ROBINSON, et al.

Application Number: 10/643,885

Filed: August 20, 2003

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Group Art Unit: 3626

Examiner: Unassigned

For: SYSTEMS AND METHOD FOR DOCUMENTING HOME CARE SERVICES

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. §§ 1.56, 1.97, and 1.98, Applicant respectfully requests consideration of the references listed on the attached Form PTO-1449. A copy of the references listed are also enclosed.

Applicant respectfully requests that the Examiner consider the references cited on the PTO-1449 and that the Examiner indicate that the references have been considered in this application by returning a copy of the Form PTO-1449 with the Examiner's initials in the left column per MPEP 609.

This Information Disclosure Statement is believed to be submitted before the mailing of a first Office Action. Accordingly, no fees are due. However, if any fees are incurred upon the

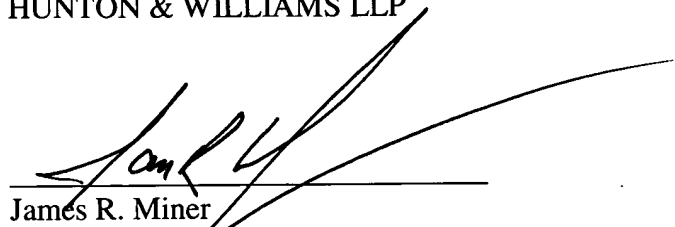
filing of this Information Disclosure Statement, the Commissioner is hereby authorized to charge the undersigned's Deposit Account No. 50-0206.

Respectfully submitted,

HUNTON & WILLIAMS LLP

Dated: May 20, 2004

By:

  
James R. Miner  
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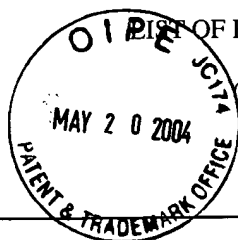
FORM PTO-1449 (Modified)  
(REV. 7-80)U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

ATTY. DOCKET NO.

52493.000344

APPLICATION NO.

10/643,885



LIST OF REFERENCES CITED BY APPLICANT

(Use several sheets if necessary)

APPLICANT

Joseph ROBINSON, et al.

FILING DATE

August 20, 2003

GROUP

3626

## U.S. PATENT DOCUMENTS

*EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	6 2 9 2 7 8 3	9/18/2001	Rohler			
	5 2 9 1 3 9 9	3/1/1994	Chaco			
	6 3 2 7 5 7 0	12/4/2001	Stevens			
	5 5 5 3 6 0 9	9/10/1996	Chen			
	6 1 5 4 7 2 7	11/28/2000	Karp			

## FOREIGN PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS														
		DOCUMENT NUMBER							DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
													YES	NO

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, etc.)

	CHCS Services - "In-home Technology" Brochure

EXAMINER

DATE CONSIDERED

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include a copy of this form with next communication to applicant.